HARFORD COUNTY

Selection of Focus Area

Healthy Harford, a coalition of 42 private and not-for-profit businesses and public agencies was established in 1994 and incorporated in 1995, with the goal of making Harford County the healthiest county in Maryland. In October 1999, Healthy Harford began planning to implement "A Better Harford…Together" (ABHT), based on the national Healthy Communities model. Because the ABHT process was in the early planning stages at the time of the State's development of the health improvement plan, a true community planning process was not possible. After much consideration, it was determined that the Harford County Health Department should develop the health improvement modules for the County. The Health Department's Senior Staff identified the following priority issues:

1. Substance Abuse and Tobacco Use
2. Public Health Infrastructure
3. Heart Disease and Stroke
4. Environmental Health
5. Cancer
6. Access to Quality Health Services
7. Chronic Diseases
8. Sexually Transmitted Diseases
9. Mental Health
10. Injury/Violence Prevention

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	214,670
White	86.6%
Other	13.4%

Estimated Population, by Age – 1998

Under 1	2,950	18-44	88,070
1-4	12,350	45-64	46,940
5-17	43,310	65+	21,050

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998	461.6
Infant Mortality Rate 1995-1999	6.7
Estimated Mean Household Income – 1999	$69,000
Estimated Median Household Income – 1999	$58,400
Civilian Unemployment Rate, Annual Average – 1999	3.2

Labor force (Top 4) – 1995

Services	21,300	Retail Trade	15,800
Government (Federal, Military)	20,700	State & Local Government	7,900

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Focus Area 1 - Public Health Infrastructure

Definition

Public health infrastructure is the broad foundation of facilities, staff, community partners, and general support services systems that allow the local health department to efficiently and effectively function. Infrastructure includes the people, equipment, computer software, and communications capability to effectively work with all of the pieces of the health care system.

Problem

Over the last eight to 10 years, the local health department has experienced a slow but steady erosion of its ability to provide timely and effective support of expanding public health program priorities. Today, local health departments do not have the capability to “absorb” or “stretch” existing resources and personnel to make a new program happen by adding it to its “core capabilities.” For public health programs to be effective, local health departments must have adequate infrastructure to plan, implement, and evaluate programs. In addition, the community must be an active player and willing partner for governmental impact on the community.

Population growth in Harford County has been at an accelerated pace for the past seven years. More people demand more service both in clinical and environmental areas. Our modern day society and its “fast food and fast services on demand” mentality, continue to pressure the administrative core capabilities of the local health departments.

Determinants

Bureaucracy

A key determinant of the adequacy of a department’s infrastructure capacity is its ability to get new programs operational and deliver timely, expected performance. Paperwork requirements to process personnel transactions and budgets have grown to major workloads for understaffed local health department administrative units. Recent modern technology applications help but reliance on hard copy and multi-signatures continues. Time spent on completing and processing paperwork is time not spent delivering services.

Needs Assessments

In 1995, Healthy Harford, a partnership of 42 member agencies, was incorporated. The goal of the non-profit group of public health, hospitals, faith and business communities, schools, and interested citizens, was to make Harford County the healthiest county in Maryland. Healthy Harford sponsored a Community Health Needs Assessment Project (CHAP) in 1996 to identify unmet health needs of residents in the County. The needs assessment aptly illustrated the need for a better transportation system, new and expanded services, and increased health education and screening initiatives throughout the community. Partnerships of individuals, agencies, and groups

were created and called Community Action Teams, with the goal of addressing some of the most urgent community health needs. While many of the new partnerships have reached, or exceeded, their goals, (for instance, the Health Department partnership with Upper Chesapeake Health, a local non-profit health care system, resulted in the delivery of from 7,000 to 16,000 flu shots over the past three years), there is still much to do. A second Community Needs Assessment was conducted in the fall of 2000. Today, Healthy Harford is the preeminent partnership that initiates and provides continuity for health-related efforts in Harford County.

A Better Harford…Together

Over the longer term, key senior staff of the Harford County Health Department, including the Health Officer, are a part of the driving force behind the "A Better Harford…Together," a year long public/private effort to do long-term visioning and action planning using the national Healthy Communities model. The planning project is sponsored by Healthy Harford. It is the goal of the Harford County Health Department to, by January 2002, complete a detailed needs assessment and analysis of core preventative and environmental health service needs for the next eight years.

Objective 1 - By January 2001, pursue follow-up action plans for identified health care issues resulting from the combined findings of the "A Better Harford…Together" committee and the latest Community Health Needs Assessment.

Objective 2 - By January 2002, develop a County health improvement plan.

Objective 3 - By January 2003, develop a report card of the County's progress to date toward reaching its health care goals.

Objective 4 - By January 2004, be capable of providing adequate administrative and management information support services to all Health Department programs.

Objective 5 - By July 2005, have in place an integrated data system that provides for a central health data resource where both public and private health data pertinent to major health concerns are available and accessible for planning and performance evaluation purposes.

Action Steps

⇨ Using the public/private coalition of Healthy Harford, Inc., integrate key health department staff in the countywide planning process.

⇨ Facilitate community groups and public/private organizations to develop priority needs and formulate recommendations for action.

⇨ Hire additional staff and/or train existing staff in health planning and community collaboration skills.

- ⇨ Hire additional data/statistical professional staff.
- ⇨ Upgrade and integrate existing health data systems to allow for timely data collection and secure storage of data.
- ⇨ Work with public and private partners to pull together data sources.
- ⇨ Organize data for use by all County, public and private health providers in planning to meet health care needs.
- ⇨ Work with State health and environmental agencies to identify mutual health data needs, sources, and collection methods.
- ⇨ Cross-train current staff in administrative support and data collection activities.
- ⇨ Secure additional personnel (administrative, clerical, technical, professional) to meet current and future demands

Partners

A Better Harford... Together • Bel Air Athletic Club • Board of Education and the Harford County Public School System • Council of Community Services • Chamber of Commerce • Children's Council • Core Service Agency • Criminal Justice Coordinating Council • Harford County Government • Harford County Health Department • Harford County Local Management Board • Healthy Harford, Inc. • Parks and Recreation Department • Service Reform Initiative • Upper Chesapeake Medical Center

Related Reports

Healthy Harford, Inc. (1996). *Community needs assessment.*

Focus Area 2 - Substance Abuse Treatment

Definition

Substance abuse is defined as the problematic consumption or illicit use of alcoholic beverages, tobacco products, and drugs, including the misuse of prescription drugs (Healthy People 2010). Access, or use of substance abuse services, takes into consideration the availability of services, the ability to pay, insurance coverage of services, and the cultural appropriateness of available treatments for different populations. Infrastructure is defined as the systems, competencies, relationships, and resources that enable performance of essential public health services in every community (Healthy People 2010).

Problem

Harford County, like other rapidly growing suburban counties in the Baltimore Metropolitan Area, is feeling the effects of urban substance abuse problems within its own communities. As the County has grown, so has the population of youth between the ages of 12 and 17. As more youth are identified, more and more are found to be using drugs and alcohol, creating a demand for more services. The number of youth admissions to substance abuse treatment programs is on the rise. According to a February, 2000, Maryland Drug Treatment Task Force report, in FY1998, 270 Harford County youth were admitted to treatment programs, up from 238 in FY1997.

As of February, 2000 (seven months into FY2000), Adolescent Addictions, the Health Department unit responsible for treating adolescent alcohol and drug users, had already seen 266 clients, the same number of teens seen during all of 1999. Due to the fact that counselors are not required to begin a file on one-time only visits, it is estimated that this number is actually much higher.

Although Harford County has several identified treatment gaps, there are no obvious racial or ethnic disparities. Health Department substance abuse treatment programs are filled to capacity with the current level of staff. Current funding and salary levels of addiction counselors are major factors in limiting treatment capacity.

Determinants

Treatment Gaps

Intensive Outpatient Services are currently not available for youth ages 12 to 17 through Adolescent Addictions, or elsewhere in the County. However, intensive outpatient slots are available in treatment centers such as the Lois Jackson Unit, Pathways, and Mountain Manor. There are no publicly-funded Adolescent Inpatient Substance Abuse treatment slots available in the county. Privately-funded inpatient treatment centers are not always accessible to youth. If youth are able to get into private treatment slots (slots are available or they can afford to pay), treatment modalities are sometimes focused on adults and groups may include adults and youth in the same

meeting. For the dually diagnosed, the nearest private treatment slots are Sheppard Pratt and Taylor Manor, both in Baltimore County. The uninsured, underinsured, and Medicaid dually diagnosed clients are referred to Keypoint Mental Health Center for treatment.

Other treatment gaps include increased case management for all clients, especially the dually diagnosed, increased aftercare, the need for more follow-up after treatment is completed, and a need to expand Drug Court to include a similar system for juveniles. The expansion of services into these areas would provide a more seamless continuum of care for adolescents and reduce recidivism rates.

While most adolescents have treatment available, teens may not seek or complete it because parental permission is needed, the stigma of treatment may be an obstacle to seeking help, and insurance coverage may shorten the length and type of treatment.

School Programs

The Health Department provides adolescent addictions services in all area high schools and middle schools. Schools, through school suspensions and the Board of Education, are the most common source of referrals. Student Assistance Teams made up of school administrators, teachers, school nurses, and health department Adolescent Addiction counselors, develop the treatment plans. The student's parents become involved at the assessment and evaluation phase and also in development of the treatment plan. Health Department substance abuse counselors typically see the youth in the school setting after the youth is referred to Adolescent Services and linked to group therapy and individual counseling.

Youth see a counselor one time a week for a private session and participate in one group session for six weeks, or until treatment goals are reached. Most youth need more intensive therapy to address the multiple issues they present in treatment. Intensive outpatient therapy would involve a minimum of nine hours a week in treatment.

Insurance Benefits

Insurance companies dictate treatment benefits, which may conflict with the recommended length and type of treatment outlined in the treatment plans. Insurance benefits vary widely and impact treatment tremendously. Although the average length of treatment is 16 weeks, more treatment visits may be warranted. However, the insurance carrier may approve only a certain number of visits. Some patients may need to space treatments over a longer period of time than is allowed by their insurance carriers. After 16 weeks, counselors see attendance decline due to reimbursement issues or because the parents can no longer take the time off work to bring the youth in for treatment on a regular basis. If a patient is diagnosed with mental health issues, the length of treatment is further extended. In addition, the Department of Juvenile Justice may court order the type and duration of treatment but parents may not have the financial means or insurance benefits to complete treatment. A carve out for addictions, like mental health, would benefit the entire substance abuse system.

Infrastructure

As the population increases in the County, the number of adolescent substance abuse treatment referrals increase and also the demand for more programs, more staffing, and ultimately, more money. If the demand for services and level of service continue to increase, there will not be enough staff to treat adolescents' service needs. Current staff levels are not keeping pace with the demand for services. Slow response to treatment needs is also an issue.

The level of salary for an addiction counselor is unacceptably low. Therefore, it is difficult to recruit and keep qualified counselors. Addiction counselors should have established skills set in order to offer effective services to adolescents. Delays in the merit system hiring procedures also contribute to employment and retention of counselors.

Coordination of Services

There is a lack of treatment provider coordination between the public and private sector. The Health Department should increase coordination of services with county mental health providers. Coordination between the Health Department and Juvenile Justice is better than ever. A single point of entry for services would be ideal.

Complex Youth Issues

Youth who tend to use substances at a young age and exhibit "sensation-seeking" behaviors benefit from early, more intensive preventive interventions (Healthy People 2010). Youth who are dually diagnosed (with mental health and substance abuse issues) need treatment for both disorders, but treatment programs that focus on the whole patient are not the norm. (Healthy People 2010). Prevention and treatment of substance abuse must address all abused substances in order to be successful. Due to the insidiously addictive nature of nicotine, tobacco prevention and treatment measures are an equally important component of a comprehensive substance abuse prevention program.

Youth today are more likely to be depressed or feel "stressed out" due to the number of demands or pressures they feel they are faced with every day. Families are more complex and youth deal with more complex situations than ever before. Lack of self-esteem and even a lack of hope are also important factors affecting the youth of today. Messages that they get from their environment, peers, families, schools, the media, and other social situations are conflicting. Adolescents without good coping skills are faced with trying to sort these messages out and make sense of them in their ever-increasingly complex lives. Youth that are unable to cope turn to substances or situations to escape from reality and to find the next high.

There are no obvious racial or ethnic disparities in accessing substance abuse treatment. Transportation and cost of care are not issues in accessing treatment. Cost of services is based on a sliding fee scale and the Health Department accommodates requests for fee reductions.

During FY1998, 270 youth were admitted to treatment programs, up from 238 in FY1997, according to a February, 2000, Maryland Drug Treatment Task Force report. As of February, 2000 (seven months into FY2000), Adolescent Addictions had already seen 266 clients, the total number of youth seen in all of FY1999.

Healthy People 2010 reported that although it is commonly accepted that drug use is a significant problem in the U.S., actual data are not available to describe the number of persons who need nor the number who receive drug and alcohol treatment. However, this gap appears to be growing. This issue does not address the availability of treatment services.

Percentage of Students, by Grade, Reporting Drug Use by Type of Substance, Harford County, 1998

Substance	Grade											
	6th			8th			10th			12th		
	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months
Cigarettes	6.8	2.8	3.1	37.7	21.6	30.6	54.7	34.4	44.2	57.0	34.7	43.0
Beer, Wine, Wine Coolers	10.9	4.3	5.7	40.4	25.5	35.6	64.8	44.0	60.5	71.5	49.7	61.8
Five or more servings of alcohol/occasion	3.5	1.5	2.0	21.1	10.8	18.5	46.8	32.9	44.3	56.5	40.8	52.0
Marijuana	0.3	0.3	0.3	16.7	11.2	13.9	42.7	31.3	36.1	43.1	24.9	34.1
Cocaine	0.3	0.3	0.3	3.5	1.6	3.2	9.2	6.3	8.8	13.1	6.7	12.1
Heroin	0.4	0.4	0.4	3.5	1.6	3.2	5.2	3.7	4.7	3.6	1.2	3.1
Any form of Alcohol	11.3	4.8	6.7	41.4	27.7	37.5	66.6	47.2	62.8	74.4	55.0	66.6
Any drug other than alcohol or tobacco	3.3	2.3	2.3	23.3	16.6	20.1	47.8	33.7	39.3	46.5	31.3	39.7

Source: Maryland Adolescent Survey, 1998

Also, access to clinically appropriate and effective treatment for alcohol problems is limited. Not everyone who wishes to receive treatment for alcohol problems is able to receive their treatment choice. There is wide variation in treatment protocols and content among jurisdictions and within communities.

Objective 1 - By January 2005, have up and operating a countywide Substance Abuse Data Information System for all public and private treatment program clients.

Objective 2 - By July 2004, have in place 350 treatment slots for cocaine and heroin abusers in Harford County.

Objective 3 - By September 2005, have a revised school-based drug, alcohol, and smoking prevention program that includes 40 hours of required attendance by all students in grades five, seven, and nine.

Action Steps

Treatment Gaps:

- ⇨ Improve rapid assessment and placement in treatment by July 2001. (HCHD)
- ⇨ Increase access to intensive outpatient services by January 2001. (HCHD and partners)
- ⇨ Increase inpatient adolescent treatment slots by January 2002. (HCHD and partners)
- ⇨ Improve follow-up, case management, and after-care programs (ongoing). (HCHD)
- ⇨ Expand existing programs, including Juvenile Drug Court and Detention Center Services by January 2001. (HCHD and partners)
- ⇨ Improve coordination of services with county mental health providers by January 2002. (HCHD and mental health providers)
- ⇨ Improve services for the dually diagnosed by July 2001. (HCHD and providers)

Infrastructure:

⇨ Increase professional staffing levels by March 2001. (HCHD)

⇨ Secure additional funding for programs by January 2002. (HCHD and partners)

⇨ Improve salary levels for addiction counselors by July 2005. (HCHD and State of Maryland)

School Services:

⇨ Add strong family therapy component by September 2003. (HCHD and partners)

⇨ Add social worker component by July 2003. (HCHD and partners)

Partners

A Better Harford…Together • Circuit Court of Harford County • Countywide Action Team to Fight Underage Drug Use • Criminal Justice Coordinating Council • Department of Juvenile Justice • Department of Social Services • Dr. Feridoon Taghizadeh • Harford County Health Department • Harford County Public Schools and the Board of Education • Keypoint Mental Health Center • Local Coordinating Council • Lois Jackson Unit • Mountain Manor • Office of Drug Control Policy • Office of the Public Defender • Parent Teacher Associations • Parole and Probation • Pathways • Private Providers • Sheppard Pratt Hospital • State's Attorney's Office • Taylor Manor • Teen Diversion

References

Alcohol and Drug Abuse Administration. (FY 1998, 1999). *Trends and patterns: Maryland alcohol and drug abuse treatment.*

Harford County Health Department. Adolescent addictions data (number of youth in treatment in Harford County).

Maryland Drug Treatment Task Force: Lt. Governor Kathleen Kennedy Townsend, Chair; Delegate Dan K. Morhaim, Vice Chair. (2000, February 29). *Filling in the gaps: Statewide needs assessment of county alcohol and drug treatment systems*.

U.S. Department of Health and Human Services. (2000). *Healthy People 2010.* Washington, DC: U.S. Department of Health and Human Services, U.S. Government Printing Office.

Cross-Reference Table for Harford County

See Also

Public Health Infrastructure 115
Substance Abuse Treatment 132